



GRU 2177/\$

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/318,917	
	Filing Date	May 26, 1999	
	First Named Inventor	Gerald B. Halt, Jr.	
	Group Art Unit	2177	
	Examiner Name	C. Lewis	
Total Number of Pages in This Submission	15	Attorney Docket Number	HAL2-PT001.1

RECEIVED

OCT 05 2001

Technology Center 2100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Gerald B. Halt, Jr., Esquire Volpe and Koenig, P.C.	Reg. No. 37,633
Signature		
Date	9/27/01	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 9/27/01		
Typed or printed name	Gerald B. Halt, Jr., Esquire	
Signature		Date 9/27/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Volpe and Koenig, P.C. Revision of

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FREE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 445

Complete if Known

Application Number	09/318,917
Filing Date	May 26, 1999
First Named Inventor	Gerald B. Halt, Jr.
Examiner Name	C. Lewis
Group Art Unit	2177
Attorney Docket No.	HAL2-PT001.1

RECEIVED

OCT 05 2001

Technology Center 2100

METHOD OF PAYMENT		FEE CALCULATION (continued)																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 22-0493 Deposit Account Name Volpe and Koenig, P.C. <input checked="" type="checkbox"/> Charge Any Deficiency or Credit any Overpayment in the Total Fees Associated with this Communication <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																											
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																													
FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table><thead><tr><th>Large Entity Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$0)</td></tr></tbody></table>		Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee		106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					(\$0)		
Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																								
101	710	201	355	Utility filing fee																																									
106	320	206	160	Design filing fee																																									
107	490	207	245	Plant filing fee																																									
108	710	208	355	Reissue filing fee																																									
114	150	214	75	Provisional filing fee																																									
SUBTOTAL (1)					(\$0)																																								
2. EXTRA CLAIM FEES																																													
<table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>7</td><td>20</td><td>0</td><td>0</td></tr><tr><td>2</td><td>3</td><td>0</td><td>0</td></tr><tr><td colspan="4">Multiple Dependent</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	7	20	0	0	2	3	0	0	Multiple Dependent																															
Total Claims	Extra Claims	Fee from below	Fee Paid																																										
7	20	0	0																																										
2	3	0	0																																										
Multiple Dependent																																													
<table><thead><tr><th>Large Entity Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$0)</td></tr></tbody></table>		Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, if not paid		109	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$0)		
Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																								
103	18	203	9	Claims in excess of 20																																									
102	80	202	40	Independent claims in excess of 3																																									
104	270	204	135	Multiple dependent claim, if not paid																																									
109	80	209	40	** Reissue independent claims over original patent																																									
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					(\$0)																																								
**or number previously paid, if greater; For Reissues, see above																																													
		Other fee (specify)																																											
		SUBTOTAL (3) (\$ 445																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Gerald B. Halt, Jr., Esquire	Registration No. (Attorney/Agent)	37,633
Signature		Telephone	215-568-6400
		Date	9/27/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.